



Coordinator's Corner

Commitment and hope. In this time of uncertainty and anxiety, these unite us all – our commitment to improving the health and well-being of Ivoirians, and our hope for a peaceful, safe environment in which it is possible to build a better future. Amid difficult circumstances, it is heartening to know that PEPFAR and its partners continue to focus on achieving the goals that motivated us to begin activities in the middle of a political crisis in 2004: preventing new HIV infections, ensuring that high-quality treatment and care are accessible throughout the country, reducing the impact of HIV/AIDS on those who are most vulnerable, and strengthening the health and community systems that are the foundation for a sustainable response.



Addressing an epidemic is difficult under the best of circumstances. Now, with so many factors beyond our control, the odds may seem overwhelming. Frustrations are high, both among non-Ivoirian staff forced to work from afar and among Ivoirians left to pick up the slack in an unstable environment. Our thoughts and prayers are with those who have been affected by violence and disruption, and with those who remain in harm's way.

Yet we must not allow difficulties and frustrations to deter our collective motivation to pursue our mission. While taking all possible precautions to minimize risk, PEPFAR and partner staff continue to carry on activities as circumstances allow, such as joining the Public Health Pharmacy (PSP) and health staff in working to ensure that essential medications are delivered where they are needed. Together we continue to build on the foundation of our successes and to move ahead, knowing that the lives and well-being of hundreds of thousands of people depend on us.

To our staff, our partners, our Ivoirian counterparts, and to communities, families, and individuals throughout the country, we send our wishes for a new year that brings unity and peace to Côte d'Ivoire.

Jennifer Walsh
PEPFAR Country Coordinator

In Côte d'Ivoire, cervical cancer screening is good news for HIV-positive women

It took all the courage Tere Djesselet could muster to show up at the Treichville Teaching Hospital on this overcast day. She was there to be screened for cervical cancer, and the gray skies reflected her somber mood. Djesselet, a 36-year-old mother of two who was widowed early this year, had already been diagnosed with HIV, and she had no desire to find out that she had yet another potentially life-threatening disease.

There was reason to worry: Cervical cancer is the second-leading cause of cancer in women in the developing world, and in Côte d'Ivoire, about 6,000 women develop cervical cancer every year. Women with HIV are at even higher risk.

But a health care worker at the Centre Plus Health Center in Yopougon had encouraged Djesselet to undergo screening. In a single, free visit, she could be screened and treated as part of a pioneering cervical cancer prevention program supported by PEPFAR partner JHPIEGO, an affiliate of Johns Hopkins University. A nurse or midwife applies household vinegar to the cervix, and if it turns white, this indicates that pre-cancerous lesions are present. If small precancerous lesions are detected, the nurse can immediately use cryotherapy to freeze and remove them.

Working with the Ivoirian Ministry of Health (MOH) and other PEPFAR partners, JHPIEGO has trained 40 health care providers

Success Story

at nine sites in Abidjan, who screened 2,740 women living with HIV between April 2009 and August 2010. Of the 290 women (11%) who had an abnormal result or precancerous lesion, 146 received immediate cryotherapy, making a repeat visit for treatment unnecessary, while others delayed cryotherapy (37) or were referred to an advanced care site for large lesions (79) or for suspected cancer (28).



Midwife Emilienne Nouho has good news for Tere Djesselet, left, after her cervical cancer screening.

Djesselet was one of the lucky ones: Her screening showed that she was healthy. How did she feel?

"Happy and relieved," she said with a big smile, promising to tell her sisters and friends about the available services. Over the next 18

months, JHPIEGO plans to help the MOH start screen-and-treat services at 11 more health facilities, train 64 providers and supervisors as well as 20 national trainers, and prepare two referral hospitals to treat larger lesions not eligible for cryotherapy. The project will also work to identify partners who can fund cervical-cancer screening for women with negative or unknown HIV status and will support community education about the importance of screening women for this preventable and treatable disease.

PEPFAR shows results in Côte d'Ivoire and around the world

PEPFAR-supported programs continued to grow in Côte d'Ivoire and worldwide last year, with impressive increases in HIV prevention and testing, antiretroviral therapy (ART), care and support for orphans and vulnerable children (OVC), and other areas.

Worldwide, through its partnerships with more than 30 countries, PEPFAR was directly supporting life-saving ART for more than 3.2 million men, women, and children as of September 30, 2010, up from 2.5 million in 2009. In the coming years, the U.S. has committed to directly support more than 4 million people on treatment.

PEPFAR directly supported antiretroviral prophylaxis to prevent mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women in fiscal year 2010, allowing more than 114,000 infants to be

PEPFAR in Côte d'Ivoire	FY 2007	FY 2008	FY 2009	FY 2010
PMTCT sites	146	236	414	541
HIV-positive pregnant women receiving ARV prophylaxis	4,963	4,620	7,757	10,993
HIV testing and counseling sites	159	209	450	737
Persons tested, given results	169,676	316,788	646,738	836,670
People with HIV receiving care	74,319	84,270	105,530	141,720
Orphans and vulnerable children receiving care and support	41,147	68,061	95,875	110,095
ART sites	99	160	258	326
Persons receiving ART	34,900	39,324	49,697	61,203

born HIV-free; care and support for 11 million people, including nearly 3.8 million OVC; and HIV testing and counseling for nearly 33 million people.

In addition, the U.S. is the largest donor to

the Global Fund to Fight AIDS, Tuberculosis and Malaria, having provided more than \$5.1 billion to date.

For more information, visit the newly redesigned PEPFAR Web site, www.PEPFAR.gov.

World AIDS Day: a time to remember, celebrate, and build on successes

World AIDS Day, which was celebrated worldwide Dec. 1, is both a day of remembrance and a day of celebration. We must all remember those who have lost their lives to AIDS. It's in their honor that we work each and every day to provide HIV prevention, treatment, and care to millions across the globe.

Yet it's also a time to celebrate those whose lives have been improved and saved in Côte d'Ivoire and throughout the world, thanks to global efforts to fight this devastating disease. It is important to remember that we have a shared responsibility to build on the success achieved to date by making smart investments that will ultimately save more lives.

There is much success to build on (see story on Page 1), and U.S. support continues to grow worldwide, despite difficult economic times. Building on the success of PEPFAR and other global health programs, President Obama has put forward an ambitious Global Health Initiative, which will support coordinated programs aimed at reducing lives lost from HIV/AIDS and other health challenges. And through U.S. investments in the Global Fund to Fight AIDS, Tuberculosis and Malaria, many more people will benefit from prevention, care and treatment.

Working with Côte d'Ivoire, we are also becoming smarter about how we're making investments with the goal of saving more lives. Experience in Côte d'Ivoire and elsewhere has taught us how to use every FCFA invested in battling HIV/AIDS more effectively and efficiently. This means every FCFA is going a little further, allowing us to do more to combat HIV/AIDS and address issues across the global health spectrum. It also means that we can now measure our success not just in FCFA invested, but also in the ultimate measure of success – lives improved and saved.

We are using our money wisely for greater impact. For example, one of the biggest hurdles to providing HIV treatment used to be the high price of antiretroviral drugs (ARVs). By 2008, lower-priced generic ARVs accounted for almost 90% of the 22 million packs purchased globally under PEPFAR, increasing from 14.8% in 2005. This resulted in an estimated cumulative savings of \$323 million. Moreover, PEPFAR has become more efficient in shipping needed medicines in a timely fashion by using water and land delivery instead of air freight, reducing costs by as much as 90%.

In this time of crisis in Côte d'Ivoire, we take time to honor the lives lost to AIDS and celebrate the lives saved, but we cannot rest. Working together, we must remain dedicated to building on success by making smart investments to save even more lives.

Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary? Share it. Send it to us at peptalk@ci.cdc.gov.

Contributors to PEPtalk No. 13:

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Côte d'Ivoire staff honored for public health achievements

Five PEPFAR Côte d'Ivoire staff members have received awards from the U.S. Centers for Disease Control and Prevention (CDC) Center for Global Health in recognition of their outstanding contributions to improving public health.

The five awards were among only 17 individual awards given to CDC locally employed staff worldwide. Côte d'Ivoire honorees were:

Global Health Achievement –

Dr. Christiane Adjé-Toure

For outstanding contributions in developing global public health capacity and sustainability by engaging local partners and host government public health professionals to adopt best practices or methodologies.

International Public Health Epidemiology

and Laboratory Research –

Dr. Alexandre Ekra

For epidemiology, laboratory, statistical, and other research work that adds substantially to the body of knowledge in the scientific and public health community.

International Public Health Leadership –



Dr. Djeneba Coulibaly-Traore

For demonstrated impact using technical skills, experience, and creativity to provide leadership for the development of innovative public health programs that have helped to further CDC goals and visibility in host countries as well

as the reach and quality of CDC's work overseas.

International Public Health

Administrative Support –

Baudouine Kouadio

For exceptional ability and skill in providing administrative services and support that further the CDC global public health mission.



Locally Employed Staff Leadership –

Dr. Konan Ehoussou

For the highest standards of performance, leadership, and special contributions to global health programs by staff supervisors.



News in Brief

Innovative approaches and lessons from Côte d'Ivoire's program for orphans and vulnerable children (OVC) were among the highlights of a PEPFAR/USAID conference on Social Welfare Workforce Strengthening in Cape Town, South Africa, in November.

A delegation representing the Côte d'Ivoire Ministry for Women, Families, and Social Affairs' National OVC Program (PNOEV) and national training institute (INFS), the rural development agency ANADER, UNICEF, and PEPFAR presented Côte d'Ivoire's successes and strategies in social welfare capacity building.

The PEPFAR Côte d'Ivoire program for OVC served more than 110,000 children and young people in 2010, a tremendous advance from having reached 23,000 kids in 2005. The team shared promising practices for supporting ministry leadership in quality assurance in OVC

programs, engaging high-level champions for OVC and social welfare programs, integrating HIV care and support into national social worker training curricula, and engaging local knowledge in social welfare workforce training and support.

The World Health Organization (WHO) has endorsed an innovative new rapid PCR-based diagnostic test (Xpert MTB/RIF) that detects M. tuberculosis as well as rifampicin resistance-conferring mutations directly from sputum, in an assay providing results within two hours (see http://www.who.int/tb/features_archive/new_rapid_test/en/index.html). PEPFAR, the U.S. Agency for International Development, and the U.S. Department of Health and Human Services

called the new tool a major opportunity for earlier and more accurate diagnosis of HIV-related TB and welcomed the WHO policy statement and an accompanying roadmap charting the rollout of the Xpert MTB/RIF. With funding from the U.S. National Institutes of Health and the Bill and Melinda Gates Foundation, FIND (Foundation for Innovative New Diagnostics) spearheaded a novel public-private partnership with Cepheid Inc. and the University of Medicine and Dentistry of New Jersey to develop the new TB-specific, automated nucleic amplification assay.

The United States intends to make an unprecedented three-year pledge of support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). The Obama administration intends to seek \$4 billion for the GF for 2011 through 2013. This pledge is a 38% increase in the U.S. investment over the preceding three-year period, by far the largest increase of any donor nation this year.

With this U.S. commitment and scaled-up contributions from other donors, the GF projects that it will be able to achieve the following results by 2015:

- 4.4 million people on antiretroviral therapy, up from 2.5 million at the end of 2009
- 2.5 million orphans and vulnerable children provided with support annually, up from 1.4 million in 2009
- 610,000 HIV-positive pregnant women receiving prevention of mother-to-child transmission services annually, compared to 345,000 in 2009

More on the Web:

Côte d'Ivoire national HIV/AIDS response:
www.mlsida.gouv.ci

PEPFAR Côte d'Ivoire:
<http://abidjan.usembassy.gov/PEPFAR.html>

Newly redesigned PEPFAR global Web site:
www.PEPFAR.gov